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I hereby earlify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Step ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. FULBRIGHT & JAWORSKI, LLP 666 FIFTH AVE NEW YORK, NY 10103-3198 Eileen Sheffield 1001 (Date APPLICATION NO. FILING DATE: FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 08/819.669 03/17/1902 THIERRY DOON LUD-5253.5-D 1995 TITLE OF INVENTION: ISOLATED TUMOR REJECTION ANTIGEN PRECURSOR PROTEINS MAGE-2 AND MAGE-3 APPLN, TYPE SMALLENTITY ISSUE FEE DUE PUBLICATION FEE DITE PREV. PAID ISSUE FEE TOTAL FEE(S) DUE DATEDUE nonprovisional NO \$1510 50 \$1510 11/23/2010 EXAMINER ART UNIT CI\_ASS-SUBULASS GAMBEL, PHILLIP 1644 530-350000 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list the names of up to 3 registered patent attorneys or agents OR, alternatively. Fulbright & Jaworski L.L.P Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. ☐ "Rec Address" indication (or "Fee Address" Indication form PTO/SB/47: Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print of type) PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filled for recordation as set forth in 37 CPR 3.11. Completion of this form is NOT a substitute for filling an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCIE (CITY and STATE OR COUNTRY) Ludwig Institute for Cancer Research New York, N.Y. U.S.A. Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 (adividual. 🖼 Corporation or other private group entity. 🚨 Government 4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) Hisson Fee A check is enclosed. LPublication Pee (No small entity discount permitted)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

h. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director is hereby authorized to charge the required (cc(a), any deficiency, or credit any overpayment, to Deposit Account Number 20-2624 (enclose an extra copy of this form).

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5. Change in Entity Status (from status indicated above)

Norman D. Hanson

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